

These state chartered, private organizations are dedicated entirely to supporting approved research and education at affiliated VA medical centers. They rely solely on non appropriated funds to conduct their activities, but are subject to VA oversight and regulation. There are 86 NPCs located in forty-one states, Puerto Rico, and the District of Columbia.

However, the law that authorized and governs the operation of these organizations has not been updated since 1988. Last year, the VA Office of Inspector General (IG) conducted an audit and found that there is a need to strengthen VA oversight and control over NPC funds and administration.

H.R. 2770, as amended would address concerns raised by the IG and update other provisions of the law to improve the operation of the non-profits to better meet the needs of the VA.

The primary enhancements would include allowing VA to establish Multi-Medical Center Research Corporations, which is a voluntary sharing of one NPC among two or more VA Medical Centers, to increase research capabilities at smaller facilities.

The bill would change requirements for Board membership to include at least two non-federal employee members that have business, legal, financial, medical, or scientific expertise that would benefit the NPC.

It would clarify the circumstances in which an NPC could accept, administer, retain, and spend funds received; enter into contracts and agreements; charge and retain fees for educational programs; and provide certain reimbursements to VA for legal services.

The bill would also raise the threshold for requirements to conduct independent audits and require that all NPCs establish a comprehensive conflict of interest policy.

It is timely that we enact this legislation to strengthen VA's authority to guide expenditures and increase accountability and oversight of NPCs. It is important to enhancing VA's ability to capitalize on private research funds to improve the quality of care for our nation's veterans. I urge my colleagues to support H.R. 2770, as amended.

Mr. FILNER. Mr. Speaker, I urge my colleagues to unanimously support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 2770, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

CAREGIVER ASSISTANCE AND RESOURCE ENHANCEMENT ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3155) to amend title 38, United States Code, to provide certain caregivers of veterans with training, support, and medical care, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3155

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Caregiver Assistance and Resource Enhancement Act".

SEC. 2. SUPPORT SERVICES FOR CAREGIVERS.

(a) *DEFINITIONS.*—Section 1701 of title 38, United States Code, is amended by adding at the end the following new paragraphs:

“(10) The term ‘caregiver services’ means non-institutional extended care (as used in paragraph (6)).

“(11) The term ‘caregiver’ means an individual who—

“(A) with respect to a disabled veteran who is enrolled in the health care system established under section 1705(a) of this title, provides caregiver services to such veteran for such disability; and

“(B) is not a member of the family (including parents, spouses, children, siblings, step-family members, and extended family members) of such veteran.

“(12) The term ‘family caregiver’ means an individual who—

“(A) with respect to a disabled veteran who is enrolled in the health care system established under section 1705(a) of this title, provides caregiver services to such veteran for such disability;

“(B) is a member of the family (including parents, spouses, children, siblings, step-family members, and extended family members) of such veteran; and

“(C) may or may not reside with such veteran.”.

(b) SUPPORT SERVICES.—

(1) *IN GENERAL.*—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 1720G. Support services for caregivers and family caregivers

“(a) *ESTABLISHMENT OF PROGRAM.*—The Secretary shall develop and carry out a program for caregivers and family caregivers that includes the following:

“(1) The educational sessions, stipends, and access to support services provided under this section.

“(2) Counseling and other services provided under section 1782 of this title.

“(3) Respite care provided under section 1720B of this title.

“(4) With respect to family caregivers, medical care provided under section 1781(e) of this title.

“(5) Travel expenses provided under section 111(e) of this title.

“(b) *EDUCATIONAL SESSIONS.*—(1) The Secretary shall make available educational sessions for caregivers, family caregivers, and individuals described in paragraph (2). Such educational sessions shall—

“(A) be made available both in person and on an Internet website;

“(B) incorporate available technology, including telehealth technology to the extent practicable; and

“(C) teach techniques, strategies, and skills for caring for a disabled veteran, including, at a minimum, a veteran who—

“(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(ii) has post-traumatic stress disorder, a traumatic brain injury, or other severe injury or illness.

“(2) Individuals described in this paragraph are individuals who provide caregivers and family caregivers with support under this chapter or through an aging network (as defined in section 102(5) of the Older Americans Act of 1965 (42 U.S.C. 3002(5)), including—

“(A) respite care providers;

“(B) nursing care providers; and

“(C) counselors.

“(c) *STIPENDS.*—(1) The Secretary shall provide monthly stipends to eligible family caregivers described in paragraph (2).

“(2) An eligible family caregiver described in this paragraph is a family caregiver who—

“(A) provides caregiver services to a veteran who—

“(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(ii) for purposes of this subsection, is determined by the Secretary—

“(I) to have a service-connected disability or illness that is severe;

“(II) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

“(III) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living;

“(B) with respect to such veteran, meets the definition of the term ‘family caregiver’ under section 1701(12) of this title;

“(C) is designated by such veteran as the primary family caregiver for such veteran; and

“(D) is not—

“(i) employed by a home health care agency to provide such caregiver services; or

“(ii) otherwise receiving payment for such services.

“(3) The authority of the Secretary to provide a stipend to an eligible family caregiver under this subsection shall expire on October 1, 2012.

“(d) *ACCESS TO SUPPORT SERVICES.*—The Secretary shall provide caregivers and family caregivers with information concerning public, private, and non-profit agencies that offer support to caregivers. In providing such information, the Secretary shall—

“(1) collaborate with the Assistant Secretary for Aging of the Department of Health and Human Services in order to provide caregivers and family caregivers access to aging and disability resource centers under the Administration on Aging of the Department of Health and Human Services; and

“(2) include on an Internet website that is dedicated to caregivers and family caregivers—

“(A) a directory of services available for caregivers and family caregivers at the county level; and

“(B) tools that provide caregivers and family caregivers with the ability to interact with each other for the purpose of fostering peer support and creating support networks.

“(e) *INFORMATION AND OUTREACH.*—(1) The Secretary shall conduct outreach to inform disabled veterans and the families of such veterans of the following:

“(A) Medical care, educational sessions, stipends, and other services available for caregivers and family caregivers under this chapter.

“(B) The ability of a family caregiver to be trained and certified by a home health care agency in order to be paid by such agency for providing caregiver services.

“(2) Outreach under this subsection shall include, at a minimum, the following:

“(A) Public service announcements.

“(B) Brochures and pamphlets.

“(C) Full use of Internet-based outreach methods, including such methods designed specifically for veterans and the families of such veterans who reside in rural areas.

“(3) With respect to a Department employee providing case management services (as defined in section 1720C(b)(2) of this title) to a disabled veteran, the Secretary shall ensure that such employee provides a caregiver or family caregiver of such veteran with information on the services described in subparagraphs (A) and (B) of paragraph (1).”.

(2) *CLERICAL AMENDMENT.*—The table of sections at the beginning of chapter 17 of title 38,

United States Code, is amended by inserting after the item related to section 1720F the following new item:

“1720G. Support services for caregivers and family caregivers.”.

(c) **PLAN.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Committee on Veterans' Affairs of the Senate a plan for carrying out section 1720G of title 38, United States Code, as added by subsection (b) of this section.

(d) **REPORTS.**—Not later than 180 days after the date on which the plan is submitted under subsection (c), and annually thereafter for the following five years, the Secretary shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Committee on Veterans' Affairs of the Senate a report describing the implementation of the plan.

SEC. 3. COUNSELING AND MENTAL HEALTH SERVICES FOR CAREGIVERS AND FAMILY CAREGIVERS.

(a) **IN GENERAL.**—Section 1782 of title 38, United States Code, is amended—

(1) in the section heading, by adding at the end the following: “, caregivers, and family caregivers”; and

(2) in subsection (c)—

(A) in paragraph (1), by striking “; or” and inserting a semicolon;

(B) by redesignating paragraph (2) as paragraph (3); and

(C) by inserting after paragraph (1) the following new paragraph (2):

“(2) a caregiver or family caregiver of a veteran; or”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of chapter 17 of title 38, United States Code, is amended by striking the item relating to section 1782 and inserting the following new item:

“1782. Counseling, training, and mental health services for immediate family members, caregivers, and family caregivers.”.

SEC. 4. RESPITE CARE TO ASSIST FAMILY CAREGIVERS.

Section 1720B of title 38, United States Code, is amended—

(1) in subsection (a), by striking “title.” and inserting “title or who receives care from a family caregiver.”; and

(2) by adding at the end the following new subsection:

“(d) In furnishing respite care services under this section, the Secretary shall ensure that such services—

“(1) fulfill the needs of the veteran receiving care (including 24-hour in-home respite care); and

“(2) are appropriate for the veteran with respect to the age of the veteran.”.

SEC. 5. MEDICAL CARE FOR FAMILY CAREGIVERS.

Section 1781 of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (2), by striking “and” at the end;

(B) in paragraph (3), by inserting “and” at the end; and

(C) by inserting after paragraph (3) the following new paragraph:

“(4) in accordance with subsection (e), a family caregiver;”.

(2) in the third sentence of subsection (b), by striking “dependent or survivor” and inserting “dependent, survivor, or family caregiver”; and

(3) by adding at the end the following new subsection:

“(e)(1) The Secretary shall provide medical care to a family caregiver under this section if the Secretary determines that the family caregiver is not entitled to care or services under a health-plan contract as defined under section 1725(f)(2) of this title (determined, in the case of a health-plan contract as defined in subsection

(f)(2)(B) or (f)(2)(C) of such section, without regard to any requirement or limitation relating to eligibility for care or services from any department or agency of the United States).

“(2) In this subsection, a family caregiver is an individual who—

“(A) provides caregiver services to a veteran who—

“(i) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(ii) for purposes of this subsection, is determined by the Secretary—

“(I) to have a service-connected disability or illness that is severe;

“(II) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

“(III) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living;

“(B) with respect to such veteran, meets the definition of the term ‘family caregiver’ under section 1701(12) of this title; and

“(C) is designated by such veteran as the primary family caregiver for such veteran.

“(3) The authority of the Secretary to provide medical care to a family caregiver under this section shall expire on October 1, 2012.”.

SEC. 6. LODGING AND SUBSISTENCE FOR FAMILY CAREGIVERS.

Section 111(e) of title 38, United States Code, is amended—

(1) by striking “When” and inserting the following: “(1) Except as provided in paragraph (2), when”; and

(2) by adding at the end the following new paragraphs:

“(2) Without regard to whether a covered veteran entitled to mileage under this section requires an attendant in order to perform such travel, an attendant of such covered veteran may be allowed expenses of travel (including lodging and subsistence) upon the same basis as such veteran during—

“(A) the period of time in which such veteran is traveling to and from a treatment facility; and

“(B) the duration of the treatment episode for such veteran.

“(3) The Secretary may prescribe regulations to carry out this subsection. Such regulations may include provisions—

“(A) to limit the number of attendants that may receive expenses of travel under paragraph (2) for a single treatment episode of a covered veteran; and

“(B) to require such attendants to use certain travel services.

“(4) In this subsection, the term ‘covered veteran’ means a veteran who—

“(A) was deployed in support of Operation Enduring Freedom or Operation Iraqi Freedom; and

“(B) for purposes of this subsection, is determined by the Secretary—

“(i) to have a service-connected disability or illness that is severe;

“(ii) to be in need of caregiver services, such that without such services, the veteran would require hospitalization, nursing home care, or other residential institutional care; and

“(iii) based on an examination by a physician employed by the Department (or, in areas where no such physician is available, by a physician carrying out such function under a contract or fee arrangement), to be unable to carry out the activities (including instrumental activities) of daily living.”.

SEC. 7. SURVEY ON CAREGIVERS AND FAMILY CAREGIVERS.

(a) **IN GENERAL.**—Not later than 270 days after the date of the enactment of this Act, and

not less than once in each three-year period thereafter, the Secretary of Veterans Affairs shall design and conduct a survey of caregivers and family caregivers. In carrying out the survey, the Secretary shall collect the following information:

(1) The number of caregivers.

(2) The number of family caregivers.

(3) The number of veterans receiving caregiver services from caregivers and family caregivers, including the era in which each veteran served in the Armed Forces.

(4) The range of caregiver services provided by caregivers and family caregivers, including—

(A) the average schedule of such services; and

(B) the average amount of time a caregiver and family caregiver has spent providing such services.

(5) The average age of a caregiver and family caregiver.

(6) The health care coverage of caregivers and family caregivers, including the sources of such coverage.

(7) The employment status of caregivers and family caregivers.

(8) Incidents of significant life changes related to being a caregiver or family caregiver, including unemployment and disenrollment from a course of education.

(9) The number of family caregivers trained and certified through a home health care agency.

(10) Other information the Secretary considers appropriate.

(b) **SURVEY SAMPLE.**—In carrying out the survey required by subsection (a), the Secretary shall ensure that—

(1) a statistically representative sample of caregivers and family caregivers is included in the survey; and

(2) such sample covers veterans in each Veterans Integrated Service Network.

(c) **FINDINGS.**—The Secretary shall consider the findings of the survey when carrying out programs related to caregivers and family caregivers.

(d) **REPORTS.**—Not later than 180 days after the date on which each survey is completed, the Secretary shall submit to the Committee on Veterans' Affairs of the House of Representatives and the Committee on Veterans' Affairs of the Senate a report on caregivers and family caregivers. Each such report shall include—

(1) the findings of the survey required by subsection (a);

(2) a summary of the services made available to caregivers and family caregivers by the Secretary;

(3) the number of caregivers and family caregivers who receive such services;

(4) the cost to the Department of Veterans Affairs of providing each such service; and

(5) other information the Secretary considers appropriate.

(e) **DEFINITIONS.**—In this section:

(1) The term “caregiver” has the meaning given such term in section 1701(11) of title 38, United States Code, as added by section 2(a) of this Act.

(2) The term “family caregiver” has the meaning given such term in section 1701(12) of title 38, United States Code, as added by section 2(a) of this Act.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Florida (Mr. STEARNS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself such time as I may consume.

I want to thank the chairman of the Health Subcommittee, Mr. MICHAUD of Maine, for introducing this bill.

I yield to him such time as he may consume to explain the bill since he

spent so much time in doing this, and we really thank him so much for his work.

Mr. MICHAUD. I thank the chairman for yielding time to me. I also want to thank Ranking Member BUYER and the chairman for bringing this bill so quickly so we can take care of our caregivers. But I want also want to thank the staff on both the majority and minority sides. A lot of work went into this legislation to move it forward at the rapid pace that it was moved forward.

When our wounded heroes return home, there are many family members who step up to the role of a caregiver. In this effort these family caregivers often make great sacrifices, including giving up their job, delaying their education, or making other significant life-changing sacrifices in order to be by their loved one's side.

On June 4 of this year, the Health Subcommittee, with Ranking Member HENRY BROWN, we had a hearing to explore the needs of family caregivers of veterans. And based upon the findings of this hearing, I introduced H.R. 3155, the Caregiver Assistance and Resource Enhancement Act, otherwise known as the CARE Act.

The CARE Act requires the VA to train existing case managers of veterans so that they can inform caregivers of the benefits and assistance available to them.

Next, the CARE Act provides support services to family and nonfamily caregivers of veterans of all eras who are enrolled in the VA health care system.

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Such services include educational sessions on how to better give caregivers the education and resources they need; a one-stop shop to support services through a dedicated caregivers Web site; and information and outreach. In addition, this bill provides caregivers with the counseling and mental health services to help cope with the stress of caregivers. The CARE Act also provides veterans with the respite care that meets their specific needs.

The CARE Act also provides a number of important benefits for caregivers of severely injured Iraq and Afghanistan veterans. Medical care and monthly financial stipends will be available to primary family caregivers. Lodging and sustenance payments will also be provided for those caregivers as well.

Finally, the CARE Act requires the VA to conduct a survey of caregivers so that we can better understand this population for future improvements in the program. It is one thing to pass legislation. It is the next thing to make sure that the legislation is implemented properly and that we revise that legislation to make it work smoothly.

I also would like to take a moment to recognize the leadership of Mrs. HALVORSON, Mr. TEAGUE and Mr. PERRIELLO. They are true advocates of caregivers, and their efforts are re-

flected in this bill. I want to thank my ranking member, Mr. BROWN, for all the hard work that Mr. BROWN and his staff did to make this bill a better bill and move it forward so we can vote on this here today.

I would urge my colleagues to join me in supporting H.R. 3155, so that we can begin to address the needs of the caregivers who are everyday heroes of our veterans.

Mr. STEARNS. Mr. Speaker, I yield myself such time as I may consume.

I think Mr. MICHAUD was correct in applauding the staff. I think on all these four bills that we should be applauding the staff for their timely efforts and their hard work to get this accomplished.

I rise in support of H.R. 3155, as amended, the Caregivers Assistance and Resource Enhancement Act of 2009. A family member or friend who serves as a caregiver in many cases drives the successful treatment and recovery of a severely wounded veteran or soldier. Yet those who care for their loved ones make sacrifices and can face difficulties in simply caring for their personal physical and mental health needs and financial well-being. So it is important that we reach out and make education, counseling and other support services available so the family caregiver can meet their own daily needs as well as the needs of the wounded warrior for whom they care.

H.R. 3155, as amended, would establish new programs, enhance services and coordinate services system-wide. Key components of the legislation would require the VA to provide more and better education using new technologies, expand mental health and respite care services and travel benefits for family caregivers.

Mr. Speaker, it also provides certain primary caregivers of very severely injured returning veterans from Iraq and Afghanistan with health insurance if they lost or don't have it, and a monthly personal allowance to mitigate financial problems that may occur.

The bill would also require the VA to conduct a national survey of veterans' family caregivers. This survey would be vital to helping us gain a better understanding of the needs and develop additional good policies to support family caregivers.

I want to commend the subcommittee chairman, MIKE MICHAUD, and subcommittee ranking member, HENRY BROWN, for their leadership and hard work in developing this bipartisan piece of legislation. This bill, as amended, would provide veterans' family caregivers with a strong, system-wide array of support to depend upon.

I urge my colleagues to support the bill, as amended.

Mr. Speaker, I reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Mrs. HALVORSON), one of the movers of this legislation.

Mrs. HALVORSON. Thank you, Mr. FILNER, for yielding. I also want to thank the chairman of the subcommittee, Mr. MICHAUD, for his leadership on this issue.

As an original cosponsor, I rise in strong support of this CARE Act, which, among other things, will provide the caregivers of our injured heroes access to a wide range of services. H.R. 3155 includes language from my bill, H.R. 2898, the Wounded Warrior Caregiver Assistance Act, which authorizes the VA to make supportive services available to our caregivers.

Specifically, the CARE Act provides counseling, better training and respite care for family caregivers. It makes sure that the VA conducts community outreach through PSAs and brochures and informational pamphlets. Finally, it helps caregivers locate resources for additional support from public, private and nonprofit agencies.

Having a stepson that was severely injured in Afghanistan, I have firsthand understanding of how important these support services are. H.R. 3155 will give family caregivers the tools and resources they need to provide the highest quality care to an injured son, daughter or spouse.

I would also like to take a moment to say thank you to caregivers across this Nation. Mothers, fathers, spouses and other family members are sacrificing their time, their energy and, in many cases, their futures to provide 24/7 health care for those who have fought to defend our Nation. For far too long, we have not provided them with the resources that they need to properly protect and care for our wounded warriors.

This bill will allow the VA to care for our caregivers, something that is long overdue. For these reasons, I strongly urge my colleagues to support the CARE Act.

Mr. STEARNS. Mr. Speaker, in closing, I would like to thank the chairman, as I have done earlier, Mr. FILNER, and STEVE BUYER, the ranking member, for their hard work in bringing this bill to the floor. I urge my colleagues to support it.

Mr. Speaker, I yield back the balance of my time.

Mr. FILNER. Mr. Speaker, I yield such time as he may consume to the gentleman from American Samoa (Mr. FALEOMAVAEGA).

(Mr. FALEOMAVAEGA asked and was given permission to revise and extend his remarks.)

Mr. FALEOMAVAEGA. Mr. Speaker, I certainly want to commend my colleague, the chief sponsor of this legislation, the gentleman from Maine, Mr. MICHAUD, for his leadership and sponsorship of this bill. I also want to thank the chairman of our Veterans Affairs Committee, the gentleman from California, Chairman FILNER, Ranking Member BUYER, and also my friend from Florida, Mr. STEARNS, who is managing the other side of the aisle.

Mr. Speaker, this bill addresses the important question of who will provide

continuing care for injured servicemen and servicewomen once they transition to veteran status.

Today, more servicemembers are surviving the wounds of war than those injured in previous conflicts. For example, the ratio of wounded to killed averaged approximately 1.7 wounded for every fatality for the first world wars. In Korea and Vietnam, the ratio improved to three wounded per fatality, largely due to air medical evacuation. In Operation Enduring Freedom and Operation Iraqi Freedom, improved body armor and superior battlefield medicine techniques have resulted in seven wounded per fatality.

The fact of the matter is, Mr. Speaker, there is a growing need to provide continuing care to those injured and wounded from recent conflicts once they reach veteran status. As a result, providing support and resources to those giving care to these wounded and injured veterans is of real concern.

Unfortunately, the Veterans Administration currently does not collect data that would enable us to assess the number of veterans currently under continuing care. More significantly, there is no data available to assess the number of caregivers, whether they be family members or other individuals. I believe this legislation provides for that right approach, and again thank the gentleman from Maine for his initiative in doing this bill.

This bill would require the VA to conduct a caregivers survey at least once every 3 years of individuals caring for veterans enrolled in the VA health care system and report back to Congress no later than 180 days after the date of which the survey has been completed.

Mr. Speaker, in essence this bill would improve the quality of treatment and care of our veterans. Specifically, this bill would create a new caregiver program in order to provide coordinated support services to those that are giving care to our veterans. Training would be made available to caregivers through the Veterans Administration. Pertinent information would be disseminated to make sure that the caregivers are aware and well informed of services and resources available to them. As a result, the bottom line, Mr. Speaker: Our veterans are provided the necessary care for their needs.

Again, I support the legislation. I urge my colleagues to support this bill.

Mr. FILNER. Mr. Speaker, again I thank the gentleman, Mr. FALEOMAVAEGA, for his support of these bills.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 3155, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. RODRIGUEZ. Mr. Speaker, I speak today on behalf of H.R. 3155, the Caregiver Assistance and Resource Enhancement Act—the CARE Act.

The nature of warfare is changing as is the economic requirements of American families. Thanks to advances in medical technology and our outstanding service men and women, more and more of our wounded warriors are surviving their injuries than ever before. At the same time more and more of our families must rely on dual incomes just to get by.

Some of our wounded, though they survived, must now receive full time care due to the extent of their injuries. That second income earner ends up having to quit their job or limit their hours in order to provide care for their loved one. The potential loss in earnings for these families, even with military medical retirement pensions and VA disability pensions, is often catastrophic. And on top of that, the families must navigate the system largely on their own, putting pieces together and connecting the dots by figuring out the right questions to ask.

This bill is a vital piece of legislation that will provide resources in a comprehensive program to engage those wounded warriors who require caregiver assistance and the family and friends who often serve as the caregiver.

This bill provides for mental health and counseling services for those caregivers and ensures health care coverage for those caregivers who may have lost their health care coverage when they gave up their job to care for their loved one.

This bill ensures that respite care is provided that is appropriate to the specific veteran's needs, including, if necessary, 24-hour in home respite care.

And this bill provides the authorization for the VA to provide a stipend to the caregivers to help compensate for their loss of income.

We owe it to our wounded warriors to ensure their care, and to ensure the care of those that sacrifice to care for them. We must pass this bill.

Mr. TEAGUE. Mr. Speaker, during the upcoming August recess, many of my colleagues and I will travel home to visit with constituents and speak with them about their problems and find ways in which we can help them. As is often the case, my constituents continue to inspire me with their willingness to take on hard challenges themselves and help their neighbors in need. Many veterans throughout my district often volunteer their time to drive fellow veterans to medical appointments even though the drive can last over 3 or 4 hours. It is a hardship that too many face and should be made easier.

That was why I introduced H.R. 2738, a bill that would direct the Secretary of the VA to reimburse family caregivers of disabled veterans for travel expenses, including lodging and food, in connection with authorized VA treatment. Rural veteran face too many obstacles when seeking medical treatment, and I believe this legislation will make their lives a little easier while they seek the care that they were promised. I am very happy to note that the language contained in H.R. 2738 was included in H.R. 3155. H.R. 3155 includes many provisions that are necessary to assist not only veterans, but those that are caring for our wounded warriors. We made a lot of promises to our veterans, and it's about time we began to

honor them. I hope that my colleagues will support this very important piece of legislation, and I urge its passage.

Mr. FILNER. Mr. Speaker, I would urge my colleagues' total support of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 3155, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

NATIONAL PARK AND RECREATION MONTH

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 288) recognizing the importance of park and recreation facilities and expressing support for the designation of the month of July as "National Park and Recreation Month".

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 288

Whereas public parks and recreation systems are dedicated to enhancing the quality of life for residents in communities around the country through recreation programming, leisure activities, and conservation efforts;

Whereas parks, recreation activities, and leisure experiences provide opportunities for young people to live, grow, and develop into contributing members of society; create lifelines and continuous life experience for older members of the community; generate opportunities for people to come together and experience a sense of community; and pay dividends to communities by attracting businesses, jobs, and increasing housing value;

Whereas parks and recreation services play a vital role in creating active and healthy communities, and the majority of older adults who visit parks report moderate or high levels of physical activity during their visit and 50 percent of older adults who participated in light to moderate aerobic park activity report being in a better mood after visiting parks;

Whereas parks and recreation facilities foster a variety of activities that contribute to a healthier United States, such as introducing injured military veterans and those with physical disabilities to physical activity, mobilizing urban communities to use chronic disease prevention practices, working with local school systems to develop science-based curricula to educate children on nutrition and activity, connecting children with nature, and combating obesity in youth;

Whereas the creation of places for physical activity, combined with information outreach, produced a 48.4 percent increase in the frequency of physical activity;

Whereas more than 75 percent of United States citizens use park and recreation facilities to maintain fitness and to remain socially interactive, which are critical to maintaining community cohesion and pride;